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HOSPITAL BUILDING NOTE

OCCUPATIONAL THERAPY DEPARTMENT

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Occupational Therapy Department

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An addendum to Appendix E of Hospital Building Note No. 2, *The Cost of Hospital Buildings*, which sets out cost recommendations for the Occupational Therapy Department, is supplied with this Building Note.

I. Scope

This Building Note gives guidance on the design of occupational therapy departments at district general hospitals or teaching hospitals. It covers district general hospitals with psychiatric units, but does not apply to wholly psychiatric hospitals which will be dealt with in separate Notes. It should be read in conjunction with Building Note No. 8—*Physiotherapy Department.*

II. General considerations

Occupational therapy is the treatment, under medical supervision, of mental and physical disorders, by means of specially adapted crafts and other forms of productive work and recreational activities to assist the recovery of function. There can be considerable variation in the type of work provided. The general tendency at present is away from crafts which are mainly diversionary in character towards activities which, both from a domestic and an occupational standpoint, are more closely related to the patient's life after discharge. This has an important bearing on the accommodation required. It also means that, to ensure that reasonable use is made of the heavier industrial equipment needed, a full occupational therapy department should normally serve a hospital, or group of hospitals, with at least 400–450 beds.

The department, in conjunction with the physiotherapy department, will in the great majority of cases undertake the full medical rehabilitation of patients to the stage of being fit to return to work. In a small proportion of cases a further period of industrial rehabilitation or retraining will be necessary and these should be referred to an Industrial Rehabilitation Unit of the Ministry of Labour.

An occupational therapy department and physiotherapy department together constitute the treatment side of a Department of Physical Medicine and the two should be planned together to form one unit. Ideally the rooms in each should be so arranged that the gymnasium and the heavy workshop (between which there is frequent traffic of patients) are at one end of the unit, and rooms for light activities at the other (see Figure 1).

The occupational therapy department provides treatment for both in-patients and out-patients. In view of the physical disabilities of many of its users, it should be at ground level and easily accessible from the out-patient department and all wards. Where a change of level is necessary, steps should be avoided and ramps with suitable gradients provided. The main entrance to the department should provide an easy approach for motor vehicles.

Out-patients should be able to reach the physical medicine department without passing through others. In some cases the entrance to the out-patient department might also serve as an entrance to this department: sometimes a separate entrance might be needed. Parking space will be required near the entrance if the main parking areas are not conveniently sited.

The occupational therapy department should normally provide accommodation for between 30 and 60 patients at any one time. This assumes (because not all patients will use the department full-time) that 2 places will be required for every 5 attendances a day. Provision of 50 places would, for example, relate to a total daily attendance of 125 patients, which is the maximum likely to be needed for a district general hospital of 800 beds with a normal out-patient load.

Three main types of rooms will be needed for treatment:

(i) *Heavy workshop.* A general wood and metal workshop.
(ii) *Light workshop.* Providing light handicraft and clerical work.
(iii) *Domestic section.* For the training of disabled patients in the activities of daily living.

Though needs will vary from hospital to hospital, according, for example, to the proportion of geriatric patients, as a general rule twice as many places will be required in the heavy workshop (including special workshops) as in the light workshop. The size of the domestic section will need to vary very little: six to eight places would normally be recommended.

Facilities for occupational therapy for psychiatric patients are provided in the psychiatric wings of district general hospitals, as described in the Building Note on the Psychiatric Department for Intensive Treatment and Initial Rehabilitation and also in separate psychiatric hospitals, as described in the Building Note on Rehabilitation Centre for Psychiatric Patients; both of these Notes will be published in the near future.

In addition, some psychiatric patients can be treated together with other patients in the main occupational therapy department of the hospital, so long as they do not constitute too high a proportion of the whole.

Where psychiatric departments at district general hospitals do not include facilities for rehabilitation (e.g. units which provide only for short-term intensive treatment) it may be necessary to consider the provision of partitioned bays within the main occupational therapy department where psychiatric patients can work together in groups.

Figure 1 shows a diagrammatic layout illustrating the arrangement of rooms of an occupational therapy department and linking them with those of a physiotherapy department.

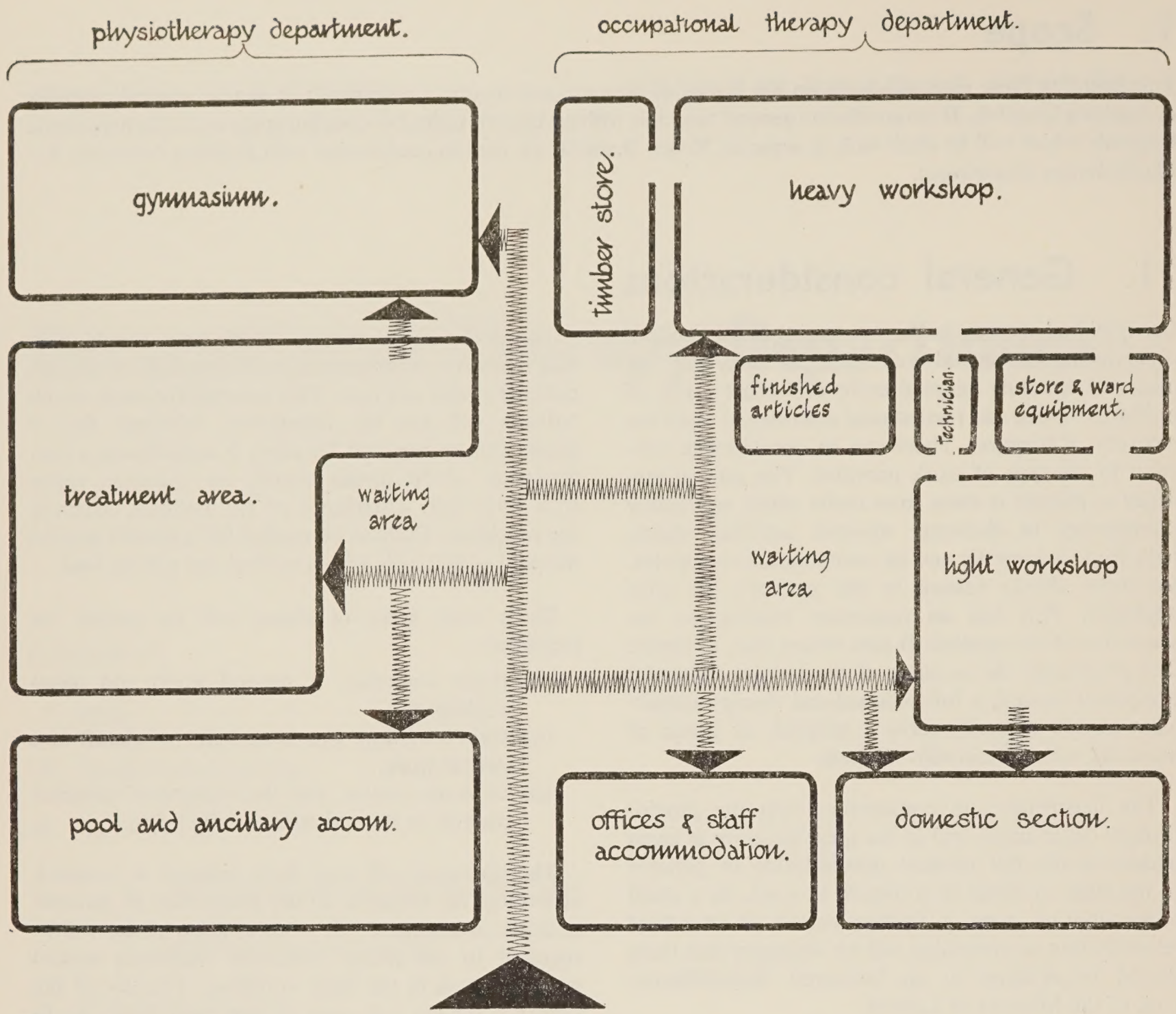

FIGURE 1

III. List of rooms

A. Basic accommodation, which should always be provided, consists of the following:

(*a*) *Entrance*

*(i) Waiting room or bay
*(ii) Patients' cloakroom and lavatories

(*b*) *Treatment area*

(i) Heavy workshop
(ii) Light workshop
(iii) Domestic section

(*c*) *Staff*

*(i) Staff common room
*(ii) Staff cloakrooms and lavatories

(*d*) *Offices*

(i) Head occupational therapist
*(ii) Clerks and records
(iii) Interview room

(*e*) *Stores*

(i) Equipment
(ii) Timber, etc.
(iii) Finished articles

(*f*) *Cleaners' room*

(*g*) *Wheeled chair bay*

(*h*) *Circulation space necessary for the above accommodation*

Functional unit

The functional unit selected for the basic accommodation in this note and the related cost note (supplied herewith as an addendum to Appendix E of Building Note No. 2) is the place.

B. Additional accommodation

Some additional accommodation may be required:

(*a*) Covered access
(*b*) Canteen
(*c*) Consulting room(s)
(*d*) Horticultural

* When the occupational therapy department forms part of a Department of Physical Medicine, these rooms should, where possible, be combined with similar rooms required for the physiotherapy department.

IV. Description of rooms

A. Basic accommodation

(*a*) *Entrance*

(i) *Waiting room or bay*

Waiting space for about 8 to 10 patients and relatives, at 15 sq. ft. per person, should be sufficient, as patients normally go direct to their treatment room.

(ii) *Patients' cloakroom and lavatories*

Cloakroom and lavatory accommodation should normally be provided for men and women on an equal basis. In some hospitals, however, particularly in industrial areas, the proportion of men to women may be as high as three to one. One w.c. and one lavatory basin to every 10 patients is recommended. At least one w.c. for each sex should be wide enough to take a wheel-chair and a member of the staff, and should have some form of hand grip to assist the more disabled patients. One urinal basin, with a flushing jet for cleaning urinal bottles, should be provided for men.

(*b*) *Treatment area*

(i) *Heavy workshop*

This will be required for woodworking and for light engineering and metal work, under the supervision of a technician. Benches for light engineering work should be a minimum of 4 ft. apart with a centre gangway of 6 ft.: carpenters' benches should be 6 ft. apart. A forge, a gas jet and a sink should be provided. Storage space will be needed for tools. If any provision is made for keeping timber in the workshop, this should only allow for small quantities for day-to-day requirements, to reduce fire risks. Simple robust finishes are needed.

This is a noisy section and provision should be made for sound insulation.

About 100 sq. ft. should be partitioned off, as an office for the technician. Alternatively, a separate office of this size might be provided, overlooking both the heavy and the light workshops: in this case the size of the heavy workshop should be reduced accordingly.

(ii) *Light workshop*

This should have work tables for handicrafts, such as cane and leather work, and for clerical activities. In the past, light workshops have been used mainly for weaving, painting, needlework and other arts and crafts, but these are being replaced to an increasing extent by facilities, such as typewriters and equipment for book-keeping, for the rehabilitation of clerical workers.

The recommended work space per place is 70 sq. ft. in the heavy workshop and 60 sq. ft. in the light workshop. There should be a clear height of 10 ft. throughout. Over parts of the workshops the ceilings should be designed for the suspension of slings to support weak or paralysed arms.

(iii) *Domestic section*

Many disabled patients need to be re-educated in normal daily activities such as bathing, working in the kitchen, use of the w.c. and getting in and out of bed. This should be provided for in accommodation in separate bays with the ends enclosed by curtains.

Bath and w.c.

One practice bath and w.c. should generally be sufficient for all sizes of department. Normal fitments should be provided. The construction should allow for a self-operated, hydraulic or electric lifting gear to enable the more disabled patients to use the bath and w.c. Adjustable hand grips will be required around the bath and w.c. An area of at least 120 sq. ft. is needed for a combined bath and w.c. bay, adequate space being required for patients in wheel-chairs to manœuvre to and from the bath and w.c.

Kitchen bay

The kitchen fitments should be as in an average house with water, gas and electricity services. Some specially designed sinks, cookers, cupboards, etc., suitable for patients in wheel-chairs, are valuable additions. This bay will normally be used for not more than four patients at a time and four places should be provided. About 60 sq. ft. per place is suggested.

Bed bay

One bed bay of at least 120 sq. ft. is recommended for all sizes of department. This bay should be provided with a single bed, easy chair and table. Lifting gear should be provided as for the bath and w.c. bay.

(*c*) *Staff*

(i) *Staff common room*

As a guide 10 sq. ft. per person is recommended with a minimum area of 100 sq. ft.

(ii) *Staff cloakrooms and lavatories*

The staff of this department change from indoor clothing into overalls. About 8 sq. ft. per person should be provided for changing. A ratio of one member of the staff to eight places may be assumed. Separate changing and lavatory accommodation is required for each sex.

(*d*) *Offices*

(i) *Head occupational therapist*

About 100 sq. ft. will be needed. The office should be positioned to facilitate the supervision of both the heavy and the light workshop.

(ii) *Clerks and records*

This office should be near the waiting area and the head occupational therapist's office. About 120/150 sq. ft. will be needed.

(iii) *Interview room*

An office of about 100 sq. ft. will be required in the department for use by welfare officers, almoners, etc.

(*e*) *Stores*

(i) *Equipment*

This store is for mobile and hand equipment etc. used in the light workshop. It may also be used as a central store for equipment and materials used in the wards. About 150/200 sq. ft. will be needed.

(ii) *Timber, etc.*

This store is required for materials used in the heavy workshop. About 200/250 sq. ft. will be needed.

(iii) *Finished articles*

This is required for storing articles made by patients. About 150 sq. ft. will be needed. It should adjoin the heavy workshop.

(*f*) *Cleaners' room*

A cleaners' room is required with a bucket sink with hot and cold water, drainer, and space for mechanical cleaning equipment, cleaning utensils, etc. About 50 sq. ft. should suffice.

(*g*) *Wheeled chair bay*

In the light workshop most wheel-chair patients will work in their chairs, but only a small number will do so in the heavy workshop. Space for about 1 wheel-chair to every 12 patients should be provided adjoining the workshops.

(*h*) *Circulation space*

Corridors should be fitted with hand-rails, and be well lit and ventilated. A minimum width of 7 ft. in the clear is recommended. Doors leading to any of the treatment areas should be wide enough to take wheel-chairs.

B. Additional accommodation

(*a*) *Covered access*

A covered area may be required for the protection of patients arriving in vehicles. If required it should serve the physiotherapy department as well.

(*b*) *Canteen*

A canteen may be required, mainly for out-patients. It should adjoin the kitchen bay of the domestic section, as the meals and snacks are usually prepared by patients as part of their treatment. Where possible it should also adjoin the waiting area so that it may serve as a tea bar. Space will be required for about 20 persons, with 15 sq. ft. for each person.

When the canteen is to be run by a voluntary body it would be advisable to discuss the design and layout with their representative.

(*c*) *Consulting room(s)*

Consulting facilities should be shared with the physiotherapy department if they are provided there. Otherwise, one or more combined consulting and examination rooms of 170 sq. ft. or, alternatively, a separate consulting room of 120 sq. ft. with two examination rooms of 90 sq. ft. adjoining, may be needed. These are dealt with in detail in Building Note No. 12, *Out-patient Department.*

(*d*) *Horticultural*

Provision for gardening, including greenhouses and potting sheds, may be required. If these have to be specially provided they should adjoin the department with access from the workshops.

V. Engineering services

The engineering services should be so designed and installed as to ensure the minimum interruption of services and disturbances to the working of the department while repairs and maintenance are being carried out.

Facilities should be provided for the easy installation of meters should they at any time be required.

Mechanical services

Heating and Ventilation

The heating system should be designed so that it can be shut off to save fuel when the department is not in use at night and during week-ends, but has sufficient capacity for quick warming-up. The conventional hot-water radiator system would be an economical installation but guards would be necessary as some patients may have defective sensation of heat and could be burned by hot surfaces. Convector heaters may therefore be preferable, especially in the larger rooms such as workshops and waiting areas, where the fan-assisted type would be suitable.

Radiators and convectors should be placed below windows and against exposed walls to counteract cold air currents, with clear space beneath to facilitate floor cleaning by machines. All heating circuits should be valved.

Ceiling heating systems should conform to the recommendations of the Medical Research Council's Environmental Research Unit which may be found in the "Guide to Current Practice" of the Institution of Heating and Ventilating Engineers.

Space heating requirements should be calculated on the following recommended heating design temperatures and ventilation rates based on an outside air temperature of 30° F.:

Accommodation	*Design temperature*	*Air changes per hour*
Light workshop, domestic section, canteen	65°F	3
Waiting area, patients' cloakroom and lavatories, staff common room and all offices	65°F	2
Heavy workshop	60°F	3
Staff cloakroom and lavatories, cleaners' room and corridors, chair bay	60°F	2
Equipment stores	50°F	½

The above temperatures can be reduced to save running costs when the building is unoccupied.

Internal rooms and internal lavatories must be adequately ventilated. Depending on the type of equipment provided mechanical ventilation may be necessary for the removal of heat or fumes, powders, woodworking dusts and shavings, and vapours from spray booths. This will require special attention from the point of view of design and safety. External vents should be protected against back pressure from the wind and carried clear of the building.

Hot and cold water and drinking water

These are normally provided from the main services of the hospital to serve lavatory basins and sinks.

One drinking water tap connected directly to the mains should be placed near the basins.

Gas

This is required in the heavy workshop, kitchen bay and canteen.

Installation of machinery

The local District Inspector of Factories must be consulted about the arrangement and guarding of power-operated machines to ensure the safety of both patients and staff using the workshops.

Fire alarms and fire-fighting equipment

Information on fire alarms and extinguishers is given in B.S. Codes of Practice and in H.M.(56)36 on Hospital Fire Precautions. Advice on the fire-fighting installation proposed should be sought from the local fire authority.

Electrical installation

General

The electrical installation will include wiring and equipment for general and special lighting, socket outlets, heating, ventilation, telephone and clock systems.

Supply and distribution

A readily accessible switch compartment of adequate size and with space for future additions should be provided to supply this unit, unless a distribution centre conveniently situated and serving other departments is available. Distribution boards should be centrally placed to minimise the length of circuit wiring; they should be easily accessible and fitted with locks.

H.R.C. fuses are recommended and there should be ample spare fuse-ways and fuses. Conduits and cables should be concealed in service ducts wherever possible. A three-phase supply should be provided in the workshop.

The possibility that power-driven machines might be re-positioned in the workshop should be considered and the electrical power distribution system designed accordingly. Safety trip switches should be installed next to all power-operated machinery. A master control for power circuits should be located in the office of the head occupational therapist.

Power and socket outlets

Sufficient 13-amp. metal-clad switch operated and shuttered twin-socket outlets on ring and spur circuits should be provided to allow each portable appliance likely to be used at the same time to be connected to a separate outlet. Other types of sockets should be used only where there are special reasons. Power supplies will be required to small machines, ventilating fans and other electrical equipment. These machines should have efficient means of starting and stopping which should be easily accessible to the operator. The controls, which should incorporate an indicator lamp, are often built in to the machine by the manufacturer.

Additional general purpose 13-amp. universal switched and shuttered socket outlets should be provided as necessary throughout the department, including corridors, for portable domestic cleaning apparatus: leads can be assumed to be 30 feet long.

Indicating lights should be fitted to socket outlets where they are likely to be used with electrical heating apparatus in which the heating elements are not visible.

Artificial lighting

General lighting should follow normal hospital practice. Tungsten lighting is generally suitable, but fluorescent lighting may be preferred where higher intensities are required for long periods. The stroboscopic effect of fluorescent lighting must be avoided where there is moving machinery. Specially selected fluorescent tubes will be required where colour identification is necessary.

The following are recommended average illumination values at 3 ft. above the floor:

Accommodation	*Average lumens/sq. ft.*
Heavy and light workshops, domestic section	20
Offices	15
Staff common room	10
Entrances, lavatories, stores	7

Special lighting for machines and benches should be extra-low voltage (e.g. 25 volts), with adjustable arm lighting fittings.

The use of units with built-in transformers will eliminate serious voltage drop on low voltage circuits.

Emergency lighting

This is not normally necessary.

Telephones

Extensions from the hospital exchange, for both external and internal calls, should be provided to the head occupational therapist's office, clerks and records office and the technician's office.

Staff location system

The hospital staff location system or radio induction system should extend to this department.

Patient/nurse call system

A bell push should be provided in the patients' cloakroom and lavatories.

Electric clocks

Electric clocks are normally required. Where an impulse clock system exists, it should be extended to this department to serve the staff common room, treatment rooms, head occupational therapist's office, etc.

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